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PRIMARY HEALTH CARE PROJECT

USAID/PRIMARY HEALTH CARE PROJECT IN IRAQ (USAID/PHCPI)

Annual Report – Year 1

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CONTENTS

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ACRONYMS

CDC	Communicable Diseases Control	NCD	Non-Communicable Disease
COP	Chief of Party	NGO	Non-Governmental Organizations
DG	Director General	PHC	Primary Health Care
EmONC	Emergency Obstetrics and Newborn Care	PHCC	Primary Health Care Center
HMIS	Health Management Information System	PHCPI	Primary Health Care Project in Iraq
HR	Human Resource	PSDs	Personal Security Details
HRTDC	Human Resource Training and Development Center	QAIC	Quality Assurance and Improvement Committee
HRWG	Human Resource Working Group	QI	Quality Improvement
HVIS	Health Information Visitor System	QIWG	Quality Improvement Working Group
IDPs	Internally Displaced Persons	SOP	Standard Operating Procedures
IMCI	Integrated Management of Childhood Illness	SWOT	Strengths, Weaknesses, Opportunities, and Threats
IT	Information Technology	TAG	Technical Advisory Group
IZ	International Zone	TCN	Third Country National
JBCC	Jordan Breast Cancer Program	TOT	Training of Trainers
KRG	Kurdistan Regional Governorate	TWG	Technical Working Group
MDGs	Millennium Developmental Goals	UNFPA	United Nations Population Fund
MoH	Ministry of Health	UNICEF	The United Nations Children's Fund
MoHE	Ministry of Higher Education	URC	University Research Co., LLC
MOU	Memorandum of Understanding	USAID	United States Agency for International Development
MSI	Management Systems International	WHO	World Health Organization

EXECUTIVE SUMMARY

The USAID-funded four-year Primary Health Care Project in Iraq (PHCPI) was launched on March 3, 2011 to assist the Iraqi Ministry of Health (MoH) in achieving its strategic goal of better quality PHC services. PHCPI aims to achieve this goal by 1) strengthening health management systems, 2) improving the quality of clinical services, and 3) encouraging community involvement to increase the demand for and use of PHC services. The project will work in at least 360 target PHC clinics throughout Iraq's 18 provinces. In addition to its country headquarters in Baghdad, PHCPI has established two Regional Offices in Maysan and Erbil, to ensure effective implementation of the project's intervention at the provincial, district, and community levels.

During the project's first year, PHCPI focused on mobilization efforts and building strong working partnerships with key stakeholders, particularly the MoH. Through its collaboration with the MoH, PHCPI was able to accomplish the following key activities during Year 1:

- PHCPI conducted a Rapid Baseline Assessment Survey, which provided a current snapshot of the Iraq primary health care system and enabled PHCPI to prioritize and tailor its interventions to enhance the project's impact.
- PHCPI facilitated the signing of a Memorandum of Understanding (MOU) between USAID and the Government of Iraq (GoI), in which both parties reaffirmed their commitment to improving health systems in Iraq through the work of the PHCPI.
- PHCPI, in collaboration with the MoH, hosted a National PHC Workshop, during which more than 400 key stakeholders came together to discuss PHC priorities in Iraq.

In addition to these achievements, PHCPI made significant progress in fulfilling the contract deliverables. Most notably, PHCPI:

- Established a National Technical Advisory Group (TAG), which is responsible for the development of various management support systems that are critical for improving PHC services.
- Drafted clinical and management standards/guidelines, handbooks, and training curricula, and conducted training of trainer (TOT) workshops to prepare facilitators to roll-out training courses at the provincial level in topics including Management Standards and Operating Procedures, Leadership and Management, the Integrated Management of Childhood Illnesses (IMCI), and Non-communicable diseases (NCDs).
- Began roll-out of training courses. So far, training courses have reached PHC clinic managers, physicians, nurses, and other health personnel in more than 100 PHC clinics throughout Iraq.

As PHCPI moves forward with its Year 2 activities, the project is working to build upon the foundation of Year 1 and accelerate implementation of activities at the provincial, district, and community levels, while continuing capacity building of MoH staff at all levels of the health system.

INTRODUCTION

BACKGROUND

The health status of the Iraqi people has significantly declined over the past two decades. The under-five mortality rate is now 44 per 1000 live births, with the majority of these children dying from pneumonia, diarrheal disease, and premature birth.[1] Child malnutrition has increased steadily, with incidence of low birth weight exceeding 10%. Maternal mortality rates have increased to 84 per 100,000 live births as access to quality antenatal and safe delivery services has declined.[2] As the country moves forward with stabilization and reform, ensuring access to routine, high quality, and equitable healthcare has emerged as a critical need and the Government of Iraq (GoI) has responded by renewing its commitment to improving the quality of Primary Health Care (PHC) services.

CONTRACT AT A GLANCE

To assist with these efforts, USAID awarded University Research Co. LLC (URC), in partnership with Management Systems International (MSI), the four-year Primary Health Care Project in Iraq. PHCPI has been designed to provide support to the Iraqi Ministry of Health (MoH) to achieve its strategic goal of better quality PHC services. PHCPI will help the MoH put in place key building blocks to support the delivery of quality PHC services at the community and facility levels, especially those that target reductions in maternal and neonatal mortality, so that Iraq can meet its Millennium Development Goals (MDGs) by 2015.

USAID/PHCPI aims to improve the quality of PHC service delivery in Iraq by 1) strengthening health management systems, 2) improving the quality of clinical services, and 3) encouraging community involvement to increase the demand for and use of PHC services. The project will work in at least 360 target PHC clinics throughout Iraq's 18 provinces.

Figure 1 : USAID/PHCPI Geographic Scope

1 WHO. Iraq health profile, 2009. http://www.who.int/gho/countries/irq.pdf.

2 The above indicators were taken from the Iraqi Ministry of Health Annual Report, 2010 and MoH Statistics records 2010.

In addition to its country headquarters in Baghdad, PHCPI has established two regional offices – one in Maysan and one in Erbil – to ensure effective implementation of the project's intervention at the provincial, district, and community levels.

PROJECT OBJECTIVES AND TECHNICAL APPROACH

USAID's strategic approach for health systems strengthening under this project is based on the following key principles and cross-cutting themes:

- *Technical Assistance* must result in realistic, practical systems, procedures, and tools which can be effectively applied in all primary health care clinics, including higher functioning "model" sites.

- Successful project implementation must result in rapid, tangible, measurable improvements in the quality of health care services delivered to the Iraqi people. Patients and communities should be able to clearly discern a *positive change* in the primary care they receive, and objective measurements of performance indicators should demonstrate improvements in the outcomes of management and clinical processes.

- *Gender Issues* among health care providers and patients play a significant role in the delivery of, and access to, quality health care.

- The current Iraqi health care system is a physician-based model which cannot be supported by the current number of doctors available. *Improved professional training*, greater status, and expanded job duties for other health care providers, especially nurses, is a potential untapped option for strengthening the delivery of primary health care services.

- *Management Processes* tend to be "top down" rather than using an integrated team approach. Given the inadequate numbers of clinic staff available, fostering a team approach to management and clinical care can optimize the effectiveness of the available human resource pool.

These key principles and cross-cutting themes have been incorporated into USAID/PHCPI's overall results framework, as outlined below:

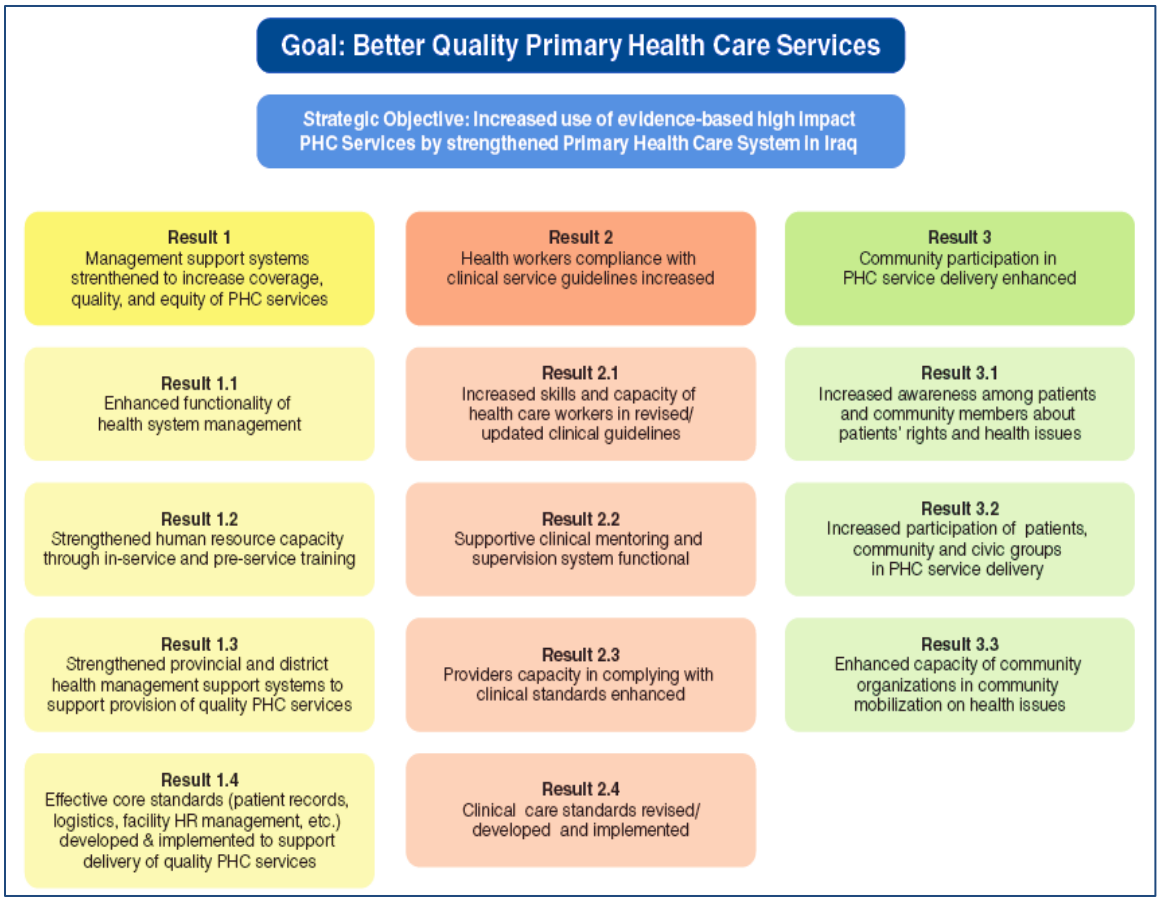


Figure 2*:* USAID/PHCPI Results Framework

USAID/PHCPI's strategy for creating meaningful results rests on three key approaches: a) sharing a strong, thoroughly articulated vision of the qualities and standards of a Highly Functional Health Center; b) using Improvement Collaboratives as an approach to Quality Improvement (QI) for rapid introduction of at-scale innovations; and c) identifying specific officials in various directorates of the MoH with whom to partner on each deliverable and provide coaching, mentoring and ongoing support as responsibility for implementing the new systems is gradually handed over.

USAID/PHCPI supports the Ministry's efforts to maximize curative primary care while laying the foundations for a new culture of preventive care. PHCPI's training assistance and the new handbooks will build sustainable, internal MoH capacity for disseminating management skills, new care protocols, and research methodologies. The gradual cultural shift towards preventive care will be matched by the MoH's continued drive towards decentralized controls and greater involvement of disadvantaged and vulnerable communities, such as Internally Displaced Persons (IDPs) and women, in PHC roles.

KEY ACHIEVEMENTS IN YEAR 1

During the first year of project implementation, PHCPI focused on establishing working relationships with the MoH and other stakeholders, establishing the project throughout the country, and initiating activities under each of the three project components. Below is a summary of the project's key achievements in Year 1.

1. Establishment of PHCPI Headquarters and Regional Offices

USAID/PHCPI Project established its project headquarters at the Al-Mansour Compound in Baghdad in June 2011. The project's ribbon-cutting was officiated by the MoH DG for the Public Health Directorate, Dr. Hassan Baqer, and attended by representatives from the MoH, including the PHC Deputy DG, Director of Human Resource Training and Development Center (HRTDC) other Senior MoH and PHC representatives, USAID/Iraq Capacity Building and Health Offices representatives, and the USAID/PHCPI Advisors and staff members. The MoH expressed its gratitude and appreciation for the efforts made by USAID to support the health sector in Iraq, particularly in the area of PHC, and reassured its commitment to work in partnership with the project's team and contribute to the successful completion of the project's goals and activities.

Also during Year 1, PHCPI established its two regional offices in Maysan and Erbil. The MoH DG in Maysan allocated office space within the DoH facilities, to enhance cooperation between the project and the DoH, and to support collaborative decision-making based on the emerging needs of the PHC clinics and districts in the Southern Region. To support project activities in the Northern Region, including Kurdistan, PHCPI also established a northern regional office in Erbil. The project has received the full support of the KRG Minister of Health, who nominated points of contact within the KRG MoH to facilitate project activities in Erbil, Sulaimaniyah, and Duhok. The lease for the Erbil office was signed on February 29, 2012 and the first workshops and training activities were held there in March 2012.

2. Establishment of technical working groups within the MoH

One of the key lessons learned by the PHCPI project in Year 1 was how to build upon the existing productive relationship between USAID and the MoH.
The level and type of engagement that the project has with the MoH is unique and both sides have learned a great deal about how to best engage with each other. PHCPI advisors held several meetings with the DG of Public Health Directorate and the PHC Director at the MoH to establish technical working groups for many of the project's focus areas, including Health Systems Management, Quality Improvement, Medical Records, Facility and Equipment Management, and Patients' Rights, among others. These working groups, comprised of members of various MoH Directorates, stakeholders and project staff,

collaborate in the development of project strategies, deliverables, and publications. The project also works closely with the PHC Coordinators from each province to ensure that effective implementation of the project activities is occurring at all levels of the health system – central, provincial, district, facility, and community.

3. Selection of 360 clinics for involvement in project interventions

During Year 1, PHCPI worked with the MoH and USAID to select the 360 PHC clinics to be targeted with interventions over the four years of the project's life. The selection criteria included considerations of district approach, geography, PHC center type (model clinic, typical clinic, sub-clinic, training center, etc.), and political commitment of the DG to the program's implementation. The final selection of the 360 clinics was made by the MoH and the list was submitted to and approved by USAID. The project's 360 target clinics come from each of Iraq's 18 provinces, which is indicative of the national reach of the project.

4. Completion of the Rapid Baseline Assessment Survey

In September 2011, PHCPI, in collaboration with the MoH, completed a Rapid Baseline Assessment to review the current healthcare system in Iraq and identify gaps in clinical and management systems. The baseline assessment was conducted in 13 selected districts across nine provinces. The assessment collected both quantitative and qualitative information from a variety of stakeholders across all levels of the health care system. Seven assessment modules were applied, and interviews were conducted with 11 DoH DGs, 11 medical syndicates, 7 international donors, 11 PHC Department Directors, 11 Planning Department Directors, 10 Human Resource Training and Development Centers Directors, 10 District Directors, 74 PHC clinic managers, 14 District Hospital managers, 12 community groups, 12 private health facilities, and 681 individual PHC clients. The baseline assessment provided rich details relating to the state of the primary health care system in Iraq. Results from this survey were published in December 2011 and continue to inform and direct PHCPI's implementation strategies.

5. Signing of the MOU Between USAID/Iraq and the MoH

On September 20, 2011, USAID/Iraq and the MoH signed a Memorandum of Understanding (MOU) highlighting their shared vision and collaborative effort to accelerate MoH gains for improving health service delivery in 360 health centers all over Iraq. The MOU was signed by MoH Senior Deputy Minister, Dr. Essam Nameq, on behalf of the Health Minister and USAID Deputy Mission Director, Mr. Alex Deprez. This event was attended by high-ranking official representatives from USAID Washington and Iraq mission, as well as the MoH. This MOU confirms the joint goal and dedication of the MoH and USAID to make sustainable, long-term achievements in the development of the Iraqi health sector, and to devote the necessary resources to do so, based on cost-sharing principles. The public signing of this MOU, which was captured by various Iraqi news outlets and media,

served to enhance public perception of the project and to gain credibility in the communities the project aims to serve.

6. Co-sponsoring the National Workshop on Strengthening PHC in Iraq

On January 21-23, 2012, PHCPI co-sponsored a three-day national workshop on strengthening PHC in Iraq. More than 400 key PHC stakeholders attended the event, including representatives from USAID, UN, WHO, UNICEF, UN Population Fund, the International Committee of the Red Cross, and the Red Crescent, among others. Representatives from each level of Iraq's health sector, from central MoH leaders to provincial and district health managers, and managers of PHC clinics, also attended the event. The workshop served as a platform for the promotion of the project and PHC services in Iraq. During this workshop, USAID/PHCPI laid out its vision for the next three years of mutual collaboration with the GoI to help Iraq achieve its MDGs 4 and 5 (reducing maternal mortality and infant and child mortality through improved services). The Minister of Health reaffirmed his full support of USAID/PHCPI's activities and objectives, and extended his appreciation of the work undertaken by the project to date.

7. Capacity building of junior project staff

While the primary objective of the PHCPI project is to build MoH capacity to achieve improvements in PHC service delivery, the project has also developed an internal goal of contributing to the development of a cadre of qualified Iraqi technical personnel. The Iraqi technical personnel will be able to make long-term contributions to support a highly functional health system in Iraq. This will allow the progressive transfer of responsibility to junior staff members, especially at the provincial level, who will be empowered to carry on and maintain improvements in the primary care system in Iraq.

8. Roll out of Year 1 project activities

During Year 1, PHCPI successfully began implementation of its project activities in 112 of its target clinics in the Ninawa, Sulaimaniyah, Maysan, Babil, Basrah and Rusafa/Baghdad provinces. A more detailed report of these activities is included in the following sections.

CHALLENGES AND LESSONS LEARNED IN YEAR 1

The project faced a number of challenges in Year 1. *Rapid recruitment of national and expatriate staff* was a key obstacle to expanding the project nationwide; however, PHCPI was able to complete its staffing towards the end of Year 1. PHCPI developed a capacity development strategy and mentoring program and was therefore able to fill some of the national advisory positions with junior staff. On the positive side, the recruitment delay resulted in MoH staff becoming more deeply involved in rolling out early project activities, including developing training curricula and conducting training activities.

Another obstacle faced was the ongoing *overall security situation in the country*, which was heightened by the withdrawal of US troops at the end of 2011. Difficulty in obtaining entry visas for expatriate project staff and in obtaining renewed security licenses for PHCPI security subcontractor Sallyport, have resulted in delays of implementation of some activities and required rescheduling of others. To address this challenge, PHCPI has developed accelerated roll-out plans and invested all its efforts and capabilities to catch up and achieve its first year targets.

As PHCPI mobilizes its field implementation, one of its key elements of success has been identifying challenges and sharing lessons learned across regions.

A challenge encountered by some provinces was the lack of support from provincial level health departments. For example, in *Ninawa,* a formal letter was required from MoH HQ requesting project implementation and adoption of the new standards. From this experience, PHCPI has promised to communicate directly with the PHC section at the MoH to ensure that all of the necessary documentation is in place to allow for the swift roll-out of project activities in the target clinics.

Another obstacle mentioned by participants from *Babil* province was the inappropriate implementation at sub centers versus main PHC centers. Main centers with physicians were reported as more progressive in adopting the new standards compared to sub centers, where some of the topics of the handbook were not feasible, given that these centers were being operated by non-physicians. PHCPI agreed that some topics and standards would be reworked to meet these needs of these PHC centers, and that during compliance assessments these differences would be taken into consideration. PHCPI shared this lesson learned directly with MoH HQ to streamline implementation and provide the required support to the field teams.

One of the key lessons learned by the PHCPI project in Year 1 was how to build upon the existing productive relationship between USAID and the MoH. Some specific lessons include:

- Building a trusting relationship with MoH counterparts is critical to the success of the project. Maintaining contact with the highest levels of the MoH increases broad-based support for the project and speeds up implementation.

- MoH-assigned points of contact (PoC) in each province decreases bureaucracy and provides direct counterparts for project staff. This approach helps to avoid delays in project implementation and increases ownership and partnership.

- Feedback from early training rollout workshops revealed that changing attitudes towards a participatory approach and modern training methodologies requires longer training sessions and more days than what was originally scheduled. Based on this feedback the project re-evaluated the number of days allotted for each program and extended them.

- The recent MoH re-organization at the central and provincial levels lacks clarity of responsibilities and lines of communications among different directorates. PHCPI has developed a mechanism to bring together these stakeholders to conduct meetings in a very transparent way, thereby facilitating decision-making processes.

USAID/PHCPI ACTIVITIES BY COMPONENT DELIVERABLES

COMPONENT 1: SUPPORTIVE MANAGEMENT SYSTEMS AND PROCESSES FOR PRIMARY HEALTH CARE

1.1 National Technical Advisory Group (TAG)

USAID/PHCPI collaborated with the MoH to identify members for the Technical Advisory Group (TAG), to be responsible for the development of various management support systems that are critical for improving PHC services. The PHCPI team held several meetings with the MoH DG of the Public Health Directorate and agreed that TAG should include members from MoH sections and divisions, other ministries, NGOs, donors, and international organizations such as USAID, WHO, UNFPA, UNICEF. The MoH Deputy Minister for Administration, Finance and Legal Affairs issued an official letter forming the TAG. The National TAG, a 16-member body, has been formed as an on-going mechanism for donor coordination and technical collaboration to promote quality improvement in Primary Health Care.

Participants at the first National TAG meeting held February 6, 2012 at PHCPI headquarters

The National TAG has held two meetings to date – the first on February 6, 2012 and the second on March 13, 2012. USAID/PHCPI will continue to use the TAG as a platform to disseminate insights and lessons learned from the PHCPI sponsored Improvement Collaboratives and explore ways to scale up improvements beyond the 360 clinics involved in the project.

1.2 PHC Management

Handbook of Quality Standards: USAID/PHCPI developed a framework for strengthening Iraq's health management and governance systems. Within the context of supportive management systems and processes for PHC, PHCPI reviewed several international PHC management systems and standards, as well as Iraq's current PHC governance systems. Based on this review, PHCPI developed a management improvement framework to put new policies and systems in place to improve performance and promote good management and quality of care. The PHCPI team finalized the proposed standards and guidelines for the PHC Management Handbook and conducted a curriculum

development workshop for 21 medical and paramedical staff, including HRTDC Master Trainers and PHC Trainers, to finalize the nine training modules included in the Management Handbook Training Curricula. The Management Handbook training course consists of 30 training hours and covers the following topics: organization and leadership, client clinical care, clinic safety, clinic support service, operational management, facility and equipment management, management of information, community participation, and quality improvement. PHCPI then conducted TOT training courses and Advanced Training Courses on PHC Management Handbook, during which MoH trainers were given the necessary skills and tools to roll out the content of the Management Handbook to PHC clinic managers. From January-March 2012, PHCPI rolled out the training on the Management Handbook in 89 PHC centers in 6 provinces.

Compliance with the PHC management standards: USAID/PHCPI initiated efforts to develop a compliance tool for reporting of compliance with standards and guidelines for each of the identified key management functions. The PHCPI identified 93 management standards to measure compliance at each clinic. In addition, a total of 291 measurable criteria were drafted to assess if the standards have been met. These standards and criteria, along with an appropriate scoring tool, will be finalized during the first quarter of Year 2, at which time the PHCPI team will assess the baseline scores at each of the PHC centers.

Facility and Equipment Maintenance Management: USAID/PHCPI developed, revised, and finalized Standard Operating Procedure (SOP) for six components of PHCC Facility and Equipment Maintenance Management, including: Hygiene and Cleanliness, Linen and Laundry, Building and Ground, Medical Equipment and Utility, Health and Occupational Risk, and Waste Management in PHCCs. A technical working group was formed to take the overall lead of the development of the SOP. A draft version of the Maintenance Management Standard Operating Procedures (SOP) was finalized and printed by PHCPI to train DoH provincial engineers and technicians. Those trainees will take the responsibility of rolling out the SOPs to the project's PHCCs according to Year 2 workplan.

"PHCPI's role in developing the Facility and Equipment Maintenance Management SOPs is very important. This workshop improves participants' knowledge and skills that they will then communicate to the other staff in their PHCCs and, accordingly, that will help in promoting the PHC service delivery all over Iraq" ~Engineer Zaqi Kareem, Manager of Medical Equipment Department in KIMADIA

Human Resources Management: PHCPI held a 3-day workshop on HR Development with 19 participants from the MoH to begin analyzing the organizational structure, functions, staffing and job descriptions currently in use at PHC centers.

1.3 Leadership and Management Training Program

USAID/PHCPI developed a Leadership and Management Training Program geared toward PHC center managers and providers. The curriculum includes a broad range of management topics, including leadership, interpersonal communication, team building, problem solving, strategic planning, quality improvement, and human resource management. This training program has been adapted from similar programs developed by WHO and other international health institutions and builds on work that was done in this area under previous USAID projects. This training program is being used by district and PHC facility management teams to build their capacity to apply effective leadership and learn specific skills to better prepare them for taking a leading role in health system improvement. Following the completion of the training curriculum, five TOT workshops were conducted by PHCPI for 114 MoH participants from the 18 provinces. After completing this workshop, participants returned to their respective districts/provinces to roll out training within their respective provinces. To date, 140 managers and directors from 81 PHC clinics in 6 provinces have completed the leadership and management training.

1.4 Primary Health Care Patients Records System

During Year 1, PHCPI worked to improve Iraq's current paper-based patient records system. Six medical records workshops for MoH Medical Records Working Group and representatives focused on the following topics: 1) updating all medical records for children under five, with a focus on adopting the IMCI approach; 2) consolidating school health medical records; 3) updating women's health records to include reproductive health; 4) updating immunization and surveillance records; 5) developing comprehensive patient medical records with emphasis on oral health sheet; and 6) integrating the Health Visitor Project Database with the current medical record information system and the family medicine database. PHCPI also developed a strategy to assist the MoH in its transition to an electronic-based system. The main goals of the strategy are to: 1) ensure that patient data is comprehensive, timely, accurate and readily available at all times for patient care and follow

MoH participants at a Medical Records Workshop at PHCPI Headquarters

up; 2) improve communication between healthcare providers across the system to improve patient continuum of care; 3) provide better access to an individual's healthcare information and improve healthcare delivery by sharing his/her data between attending practitioners; 4) provide timely statistical data for disease surveillance, patient outcomes and other measures that are critical for improving patient care and public health status; and 5) support quality management in administrative and financial reporting and other processes.

COMPONENT 2: DELIVERY OF EVIDENCE-BASED, QUALITY PHC SERVICES

2.1 National Primary Health Standards of Care

PHPCI collaborated with the MoH to revise and finalize seven clinical guidelines selected as priorities by the MoH. The topics of these guidelines include: 1) Infection Prevention and Waste Management, 2) Diabetes Mellitus, 3) Hypertension, 4) Asthma, 5) Integrated Management of Childhood Illnesses (IMCI) for Nurses, 6) Communicable Disease Control, and 7) Trauma. PHCPI worked with the relevant MoH section leads, in conjunction with the PHC Coordinating Committees, to finalize training curricula and begin training expert facilitators on the guidelines related to IMCI and Non-communicable diseases (Diabetes, Hypertension, and Asthma).

2.1.1 Integrated Management of Childhood Illnesses (IMCI): PHCPI advisors also worked with the MoH to update the IMCI Guidelines for Nurses. Given the shortage and rapid turnover of physicians and the relatively stable numbers of nurses assigned to PHC centers, the MoH is reviewing and shifting tasks from physicians to nurses. PHCPI held two workshops to train MoH facilitators on the IMCI clinical guidelines for nursing. The PHCPI team worked with the participants to finalize new clinical guidelines addressing nutrition, growth monitoring, the immunization schedule, classification of eye diseases, and use of screening tools to detect birth defects. The team also reviewed and finalized a proposed curriculum to train IMCI facilitators on the new guidelines.

PHCPI advisors review and update the IMCI guidelines with MoH participants

2.1.2 Non-Communicable Disease (NCD) Guidelines: USAID/PHCPI provided technical assistance to strengthen the capacity of MoH to provide non–communicable disease (NCD) services at the PHC level. A PHCPI short-term technical assistant (STTA) for Clinical Standards, conducted several NCD training curricula workshops for participants

from all 18 provinces and prepared a provincial-led training plan for PHC providers. A total of 13 participants were trained as TOTs on NCD guidelines from the MoH NCD section. Two training curricula for physicians and paramedics were finalized to prepare trainers to implement three updated NCD guidelines (diabetes, hypertension, and metabolic syndrome). A small group of expert trainers from the MoH NCD section were prepared to continue a process of training others in the use of the three updated NCD at PHC centers. PHCPI will work with MoH/NCD section to support their efforts to ensure that the medical instruments required for effective diagnosis and long-term management of NCDs are available at the district health centers.

2.2 Handbook of Quality Standards and Operational Guidelines for Clinical Service Delivery in PHC Clinics

PHCPI staff assessed current utilization of clinical guidelines and reasons for nonuse. These included a lack of clinical skills, lack of resources, lack monitoring systems and/or lack of a supportive supervisory system to review and improve provider practices. The PHCPI team drafted clinical guidelines for the clinical health issues denoted in the Iraqi Basic Health Service Package including: Infectious Diseases (Tuberculosis, Acute Upper Respiratory Infection in Adults, Bronchitis and Community Acquired Pneumonia) and Maternal and Child Health issues. The team also designed clinical treatment algorithms for Diabetes and Hypertension. This draft is being circulated for review by the QI working committee to ensure appropriateness of the guidelines and, once completed, this handbook will support standardized QI of clinical practices throughout PHC centers.

Supervision: PHCPI developed a Supportive Supervision Manual based on quality supervision approaches and techniques that will assist the MoH in strengthening its supervisory and inspection system. Based on several meetings and discussions, three types of supervision were developed: 1) Red Flag Reviews; 2) Monthly/Quarterly assessments and 3) In-Depth Program Reviews.

Patient Referrals: PHCPI drafted a policy framework for modifying the PHC referral system, which includes instructions and tools for upward and downward referrals (to/from PHC centers and higher level facilities). These tools include patient referral/transfer forms and protocols for handling of emergency referrals. PHCPI held several meetings and workshops with participants from the MoH Quality Department of the Planning

Directorate, Technical Directorate, the PHC Department, District Managers, Hospital Managers, and Referral Coordinators to discuss the referral system and review the results of the SWOT analysis conducted by PHCPI and key stakeholders.

2.3 Primary Health Care Quality Improvement Program

PHCPI developed its draft QI strategy to improve the quality of PHC services. The PHCPI team held its first meeting for the MoH QI Working Group in October 2011, and PHCPI advisors were nominated as permanent members of the Higher Quality Assurance and Improvement Committee (QAIC). The QI Program will begin roll out in Year 2.

2.4 Primary Health Care In-Service Training Program Strategy

PHCPI, in coordination with the MoH, has developed an in-service training strategy for health care providers. This training strategy involves several different methodologies, including 1) formal classroom learning; 2) on-site mentoring and coaching through on-the-job-training (OJT); 3) competency maintenance through continuous medical education (CME)/continuous professional development (CPD) in collaboration with the Iraqi Medical and Nursing Syndicates; and 4) e-learning approaches accessible to staff working in PHC centers in remote areas. The content of the in-service trainings were selected from the knowledge and skills gaps identified in the Baseline Assessment conducted in September 2011. In addition to the in-service training, PHCPI will also provide the Iraqi Medical and Nursing Syndicates with technical assistance in setting up a process to accredit courses offered by different organizations (Universities, NGOs, etc.) as well as formalize a method to license the in-service program as a form of continuing medical education (CME) to ensure that Iraq maintains a pool of qualified, competent health care providers.

2.5 Research Agenda for Strengthening Primary Health Care in Iraq

USAID/PHCPI developed and finalized its research strategy in collaboration with the MoH. Priority research topics were identified and agreed upon following a strategy meeting held by the PHCPI Research Advisor, representatives from the Public Health Department, HRTDC, Ministry of Higher Education and other stakeholders. PHCPI is now working to establish the methodology for carrying out these proposed studies. USAID/PHCPI initiated the development of proposals for two research priority topics: Health Visitor's Program and surveillance methodology used for estimating maternal mortality.

2.6 Emergency Obstetrics and Newborn Care (EMONC)

PHCPI convened a working group of 15 expert trainers in emergency obstetrics and newborn care from the MoH PHC department, Maternal and Child Health unit and some universities to discuss providers' knowledge and skill deficits in Emergency Obstetrics and Newborn Care (EMONC). Several workshops will be conducted

during project Year 2 focusing on improving providers' practical skills related to EMONC and preparing experts to train other physicians and paramedics. One training center in the northern region will be equipped and staff prepared to support the training of other providers, at the request of the MoH.

2.7 Breast and Cervical Cancer

PHCPI had several meetings with the MoH Director of Breast Cancer Screening Program in Iraq, Executive Manager of Iraqi Cancer Board, and representatives of Obstetrics and Gynecology from the MoH. It was agreed that assistance from PHCPI will comprise a two-fold approach: 1) guideline development and training of physicians, especially female physicians, from PHC centers on both breast and cervical screening using visualization by ascetic acid or Lugol's solution, and 2) promotion of awareness through BCC about the importance of seeking care for screening for breast and cervical cancer to decrease fear and delay. The concept paper for breast and cervical cancer will be completed in Year 2. PHCPI advisors also met with the Director of the Jordan Breast Cancer Program (JBCC) in March 2012 to review their areas of expertise and willingness to provide technical assistance to the MoH in these two areas.

2.8 Nursing Task Force finalized Nursing Standards and job descriptions for nurses working at PHC Centers

Nursing Task Force meeting at PHCPI

To enhance the performance of nurses at PHC centers, PHCPI held many discussions with participants from the MoH Nursing Affairs Department, PHC Department, National Committee for Nursing, Nursing College, Technical Medicine Institute, Nursing Institute and WHO. The meetings included discussion on ways to improve the performance of nurses in PHC centers, including: 1) introducing standards of nursing care; 2) identifying gaps in the curriculum of secondary school graduates; 3) revising job descriptions for nurses working in PHC; 4) reviewing in-service training curricula; and 5) implementing a code of ethics. The participants collaborated to write Nursing Standards and to discuss the updated IMCI guidelines for nurses. The Nursing Task Force is also working to incorporate best practices for complying with standards related to growth and development, growth monitoring, and nutrition for children under-five. The Nursing Task Force also began work on revising the Family Medicine Curriculum for nurses, the end goal of which is to train more than 1,000 PHCs nurses who have only minimal preparative education.

COMPONENT 3: COMMUNITY PARTNERSHIPS FOR PHC

3.1 Patients' Rights Charter

PHCPI assisted the MoH in developing Iraq's first National Charter of Patients' Rights. This charter was developed with the assistance of senior MoH officials, representatives from the Ministry of Human Rights, the Iraqi Medical Syndicate, and the Parliament Environment and Health Committee, and is intended to increase Iraqi citizens' engagement with the health sector and raise demand for quality primary health care services. To assist community advocates, health workers, and policy makers to take the first steps toward implementing the charter, the MoH, in collaboration with PHCPI, held a two-day National Workshop on March 4-5, 2012. More than 250 stakeholders attended this event. A success story related to this event is included in Appendix A of this report.

"Patient's Rights Charter represents the cornerstone for accreditation of health facilities as they depend on the standards of elevating institutional performance in line with affirming standards of communication with the patients and clients who use health services."

3.2 Encouraging Community Partnerships for PHC

PHCPI drafted its Community Partnership Handbook, which includes best practices for establishing clear terms of reference and activating local health committees (LHC) to enhance community participation in PHC. The PHCPI team emphasized the need to target religious leaders and school staff as well as other respected communities members when supporting LHC development. PHCPI hosted several meetings with representatives from the MoH, selected medical associations, and NGOs to share the draft handbook with them and receive feedback, comments, and amendments.

The PHCPI advisors have contacted several NGOs to discuss future coordination regarding community input on PHC needs and services. The advisors worked with four main partners in order to build community partnerships for PHC: the NGOs Directorate at COMSEC; the Media and Health Promotion and the Education Directorate at MoH; and the Medical and Health NGOs Association allied with 15 NGOs working on various health issues including TB, Heart and Chest, Obstetrics and Gynecology, Children, Community Medicine, and Family Medicine. NGOs allied with this Association include Environment Protection NGOs, Red Crescent; and the Medical Professional Union for doctors, pharmacists and dentists. In addition, a list of about 170 registered organizations, NGO law and a handbook of community partnerships is being reviewed by the advisors to better understand and engage the NGOs who are active in the health field in Iraq.

3.3 Support Behavior Change Communication

PHCPI has also developed a Behavior Change Communication (BCC) strategy, which was shared with key MoH officials from the Health Promotion Department. The MoH and PHCPI agreed that PHCPI would focus primarily on health education and community participation. The team decided that PHCPI will propose and develop a training program for health promotion employees at DoH, District and PHC facility levels. The program will be developed to raise the knowledge and skills of target individuals on proper leadership and management in health promotion. Health Promotion employees will also be introduced to the different tools and techniques to monitor and evaluate health promotion and BCC programs. PHCPI will conduct a rapid needs assessment for BCC activities at the PHC facility level to evaluate the current state of activities and set priorities based on actual need. The results of the rapid assessment will assist in developing a community outreach plan for each PHC center.

In cooperation with the MoH Media and Public Relations Department, the PHCPI team held a focus group discussion with 23 official representatives and directors from MoH Media and Public Relations departments to discuss the role of media directorates in promoting PHC and community health partnerships. The PHCPI advisors presented a brief on the impact of media in increasing the demand for the PHC services, increasing the awareness of child and maternal health, and the role of media in developing a framework to address the needs of IDP and other vulnerable populations.

CROSS CUTTING ISSUES

IMPROVING HEALTH SERVICES FOR IDP

PHCPI aims to strengthen health sector capacity to provide essential primary health care services and expand the availability of services to target vulnerable and/or at-risk populations, such as IDPs. IDPs often face critical health challenges related to poor or intermittent access to health and sanitation services, weak nutrition, and injuries or disabilities experienced as a result of their movement in conflict areas. PHCPI developed strategies for supporting the health needs of IDPs in the catchment area covered by the selected 360 clinics. Within this strategy, PHCPI noted the need for coordination with groups working with IDPs in order to better understand their needs and utilization of services. PHCPI met with the Ministry of Migration and Displaced (MoMD) and IDP community groups including the Red Crescent, in order to understand where IDPs are located in relation to the 360 PHC clinics assigned to PHCPI. Based on this information, PHCPI developed an IDP engagement strategy that focuses on the following areas: 1) improving access of IDPs to PHC; 2) addressing health needs of the IDPs; 3) enhancing the quality of PHC services provided to IDPs; 4) strengthening coordination and collaboration within and between ministerial groups and other stakeholders to foster multi-sector integrated development initiatives and interventions concerning IDPs; and 5) emerging social needs of vulnerable populations, especially women and children.

Two major activities that PHCPI has developed and will unfold in Year 2 of the project include:

1) Conducting an assessment in the IDP camps that are within the catchment areas of the 360 PHCCs. The assessment will be conducted in agreement and coordination with the MoH/PHC department. The assessment will be conducted as a pilot study following the development of a well-structured and comprehensive questionnaire that includes geographical and demographical variables in addition to current health services provided to IDPs and the health needs of the IDPs.

2) Training IDPs as community health workers (CHWs) to perform simple screening of IDPs and then make suggestions about where to refer IDPs in a timely manner and to the most appropriate facility. The curriculum will be based on the WHO modules prepared for training CHWs. In addition, CHWs will also use materials developed by the MoH on the first aid, communicable and non-communicable disease and maternal and child health activities. The results of the health assessment of the IDPs will be used to modify the existing WHO modules to prepare the CHWs. The needs assessment and training curriculum will be major activities in Year 2 of the project.

DEVELOPING PUBLIC PRIVATE PARTNERSHIPS – M-HEALTH

PHCPI developed a strategy for engaging private sector organizations in primary health care. Most notably, PHCPI has developed a mobile health (m-health) strategy and has been in negotiations with Zain Telecommunication Company to discuss effective uses of mobile phones in health promotion and management of health conditions. PHCPI has gained valuable lessons from the experience of the Maysan Directorate, where mobile phones for health have been piloted in the past. In Maysan, this strategy produced notable results in terms of improved immunization coverage, increased coverage of pregnant women with antenatal services, and improved return of patients with chronic health problems (e.g. hypertension and diabetes) for follow up monitoring. Zain Company is in the process of preparing an offer for review by MoH and PHCPI that focuses on disease reporting and health messaging. Zain is committed to providing cell phones to 100 PHC centers and SIM cards to families enrolled in receiving services from participating health centers. The MoH in cooperation with PHCPI will select the 100 health centers in consultation with Zain. One center in Baghdad will be selected to test the program before it is rolled out in the target PHC clinics.

YEAR 2 PLANNED ACTIVITIES

PHCPI developed and submitted its Year 2 Workplan on January 31, 2012. Looking to expand on its achievements in Year 1, the project has planned activities under each of its three technical components.

Component 1 – Supportive Management Systems and Processes for Primary Health Care

- Conduct a series of refresher workshops for clinics engaged during Year 1 in order to gain feedback on the implementation of the standards addressed in the Management Handbook. These workshops will focus on advanced skills and knowledge for adult learning and teaching methodologies. PHCPI will conduct additional TOT and roll-out trainings, to reach theYear2 target of180 clinics.
- Provide training on "Maintenance Management of Facilities and Equipment" for personnel from the 180 participating PHCCs.
- Amend and update the first version of the Standard Operating Procedures for Maintenance Management based on Year 1 feedback.
- Develop an assessment tool to measure compliance with Quality Standards for 7 key management functions among participating clinics.
- Roll out of the leadership and management program to target PHC centers and DoHs by the MoH trainers.
- Conduct a medical record workshop to approve the final comprehensive patient record and the new health register book and forms. PHCPI will then pilot test the new system in six PHCs from the Baghdad region (Karkh (2), Rusafa (2) and Babil (2)).
- Conduct TOT workshops on the new medical records system and provide training materials and implementation guidelines. New registration books, policies, guidelines, data collection sheets and the new comprehensive patient records will be printed and distributed. Trainers will then be responsible for rolling out the new system in their respective districts with mentoring from provincial Project and DoH coordinators.

Component 2 – Delivery of Evidence-Based, Quality Primary Health Care Services

- Develop a training curriculum and initiate the first round of TOTs on the 7 clinical services guidelines updated during Year 1.
- Begin drafting, in collaborating with the MoH, eight additional PHC clinical standards. Once approved, PHPCI will develop a curriculum for each guideline for two levels of training (TOT and training of PHC staff) using the curriculum template developed for Year 1 guidelines.
- Conduct regional workshops to orient supervisors on how to use and monitor the use of the clinical guidelines. These supervisors will then train PHC clinic managers.
- Conduct workshops to prepare experts to train others in emergency obstetrics and newborn care with support from approved STTA.

- Implement TOT training for IMCI and NCD training curricula with representation from all 18 governorates and prepare a governorate-led training plan for PHC providers from targeted PHC centers.
- Establish indicators and orient supervisors and PHC managers to monitor compliance with clinical care standards.
- Conduct meetings with MoH to review revised Supervisory Resource Manual and initiate training of supervisors in supportive supervision in conjunction with quality improvement.
- Develop methodology/research tools with MoH for two research studies with assistance from approved STTA.
- Pilot-test job descriptions and nursing standards for use by supervisors and nurses at PHC Centers.
- Revise Family Medicine curriculum for nurses with 9 years of education.
- Implement orientation guide for participating staff in the testing of pilot referral system.
- Conduct health assessment to identify health needs of the IDPs.
- Visit Maysan Directorate with Zain to gain a better understanding about both the Health Visitor Program and the use of mobile phone in health messaging.
- Finalize the implementation plan concerning m-health with mobile phone companies and begin with implementation.

Component 3 – Community Partnerships for Primary Health Care

- Advocate for the prompt announcement of the Patients' Rights Charter to senior MoH officials and decision makers.
- Finalize the Community Health Partnership training materials and conduct TOT workshops to accelerate the rollout of training at MOH-identified target PHC centers.
- Monitor the performance of Local Health Committees (LHCs) in various centers.
- Develop a compliance assessment tool to check the compliance of PHC Centers with putting the CHP standards into practice.
- Conduct a pilot testing for the intended tool and revise it based on the feedback received.

MONITORING & EVALUATION

The following table and figures provide a breakdown of activities facilitated by PHCPI to date. These activities include meetings with key stakeholders, training of trainer (TOT) workshops, and roll-out courses taught by TOTs in the provinces.

1. ***PHCPI Participants by provinces and project focus areas:*** During Year 1, PHCPI activities engaged 1480 total participants. Of these participants, 909 (61%) came from Baghdad and 571 (39%) came from the provinces. Figure 3 below shows the percentage of participants involved in PHCPI activities coming from each province, while Figure 4shows the number of participants involved in PHCPI activities by project focus area.

Figure 3: Percentage of participants in PHCPI activities from each province

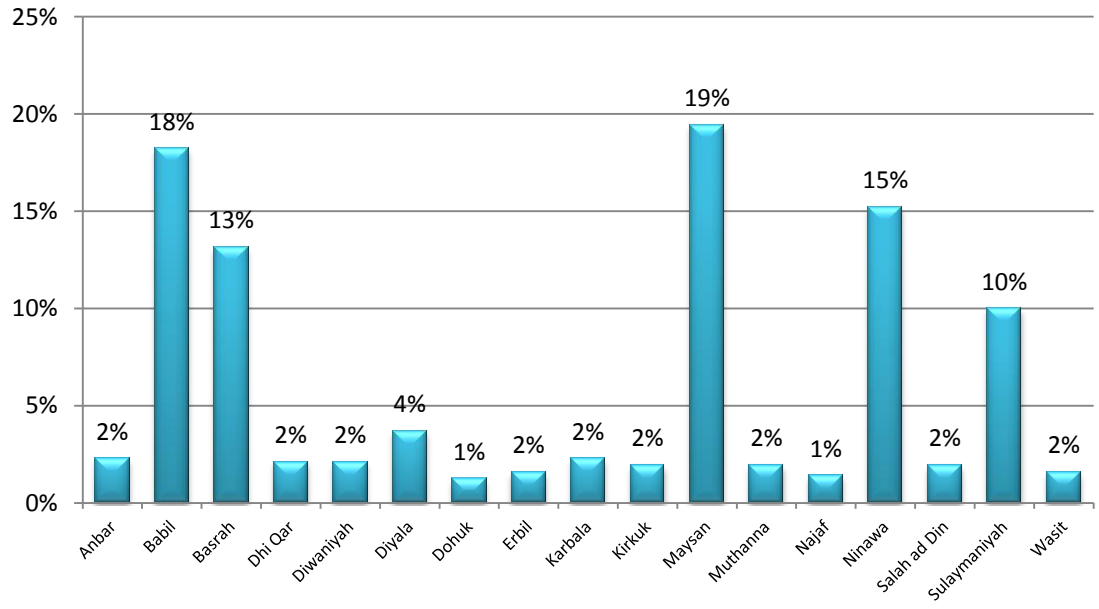
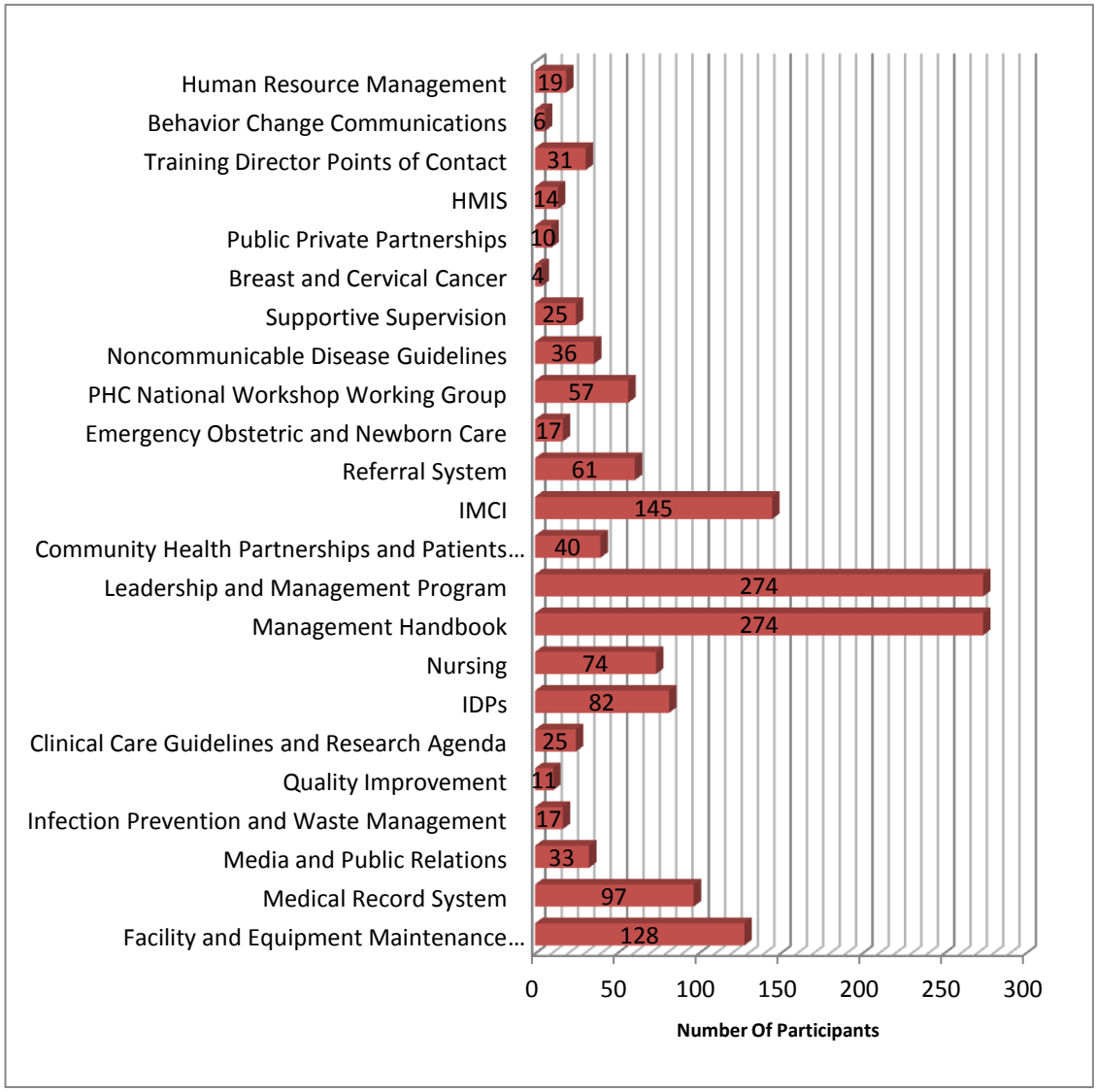
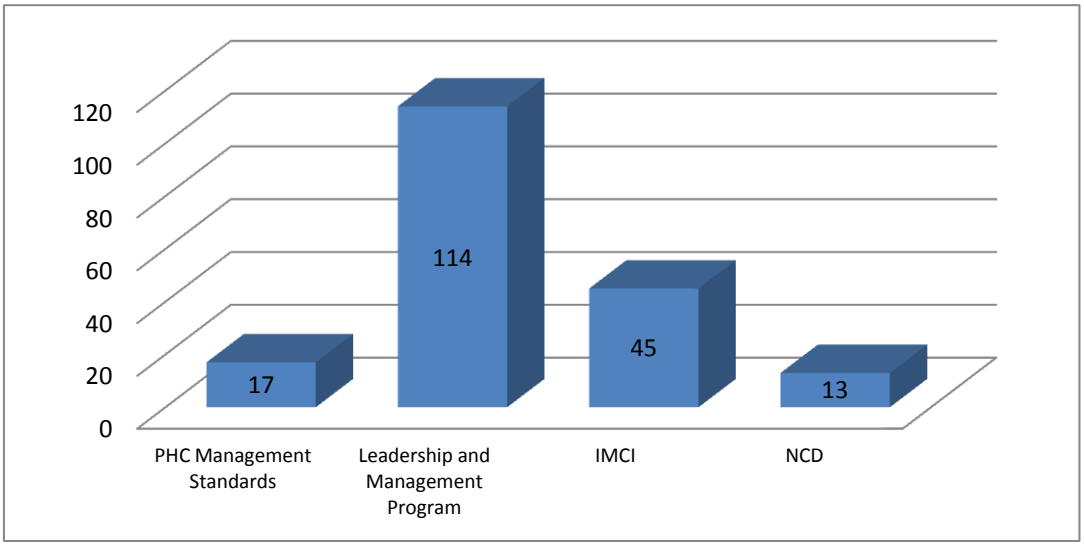


Figure 4: Total numbers of participants in PHCPI activities by project focus area



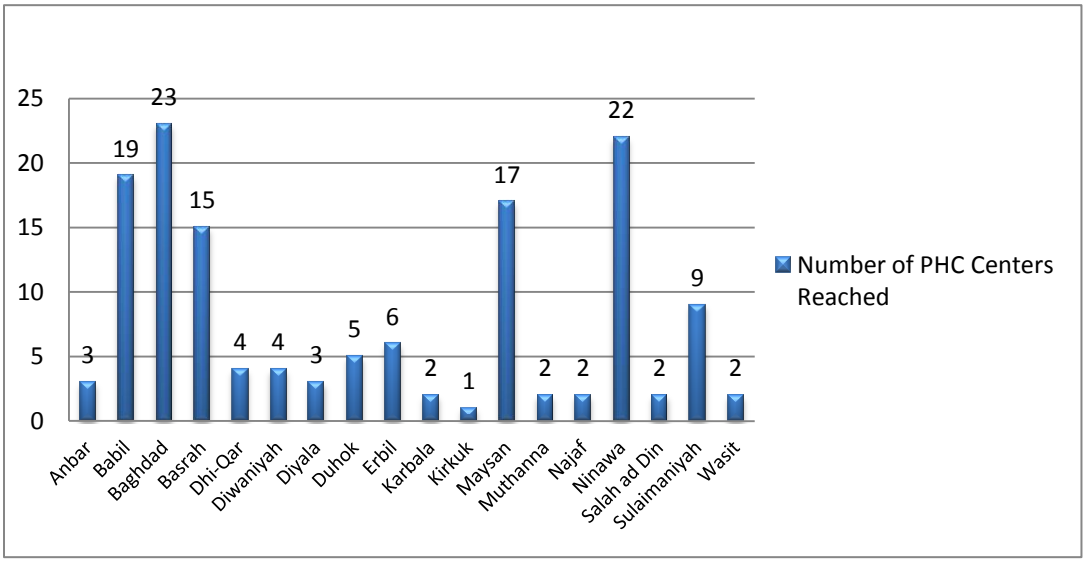
2. ***Number of Trainers Trained by Technical Area:*** During Year 1, PHCPI trained 189 trainers during TOT workshops on subjects including the Management Handbook, Leadership and Management, IMCI, and NCDs. Figure 5 below shows the breakdown of trainers trained by technical area. Once trainers complete these TOT workshops, they return to their home provinces to rollout training courses on these technical areas to PHC clinic managers and health personnel.

Figure5: Total number of trainers trained by technical area



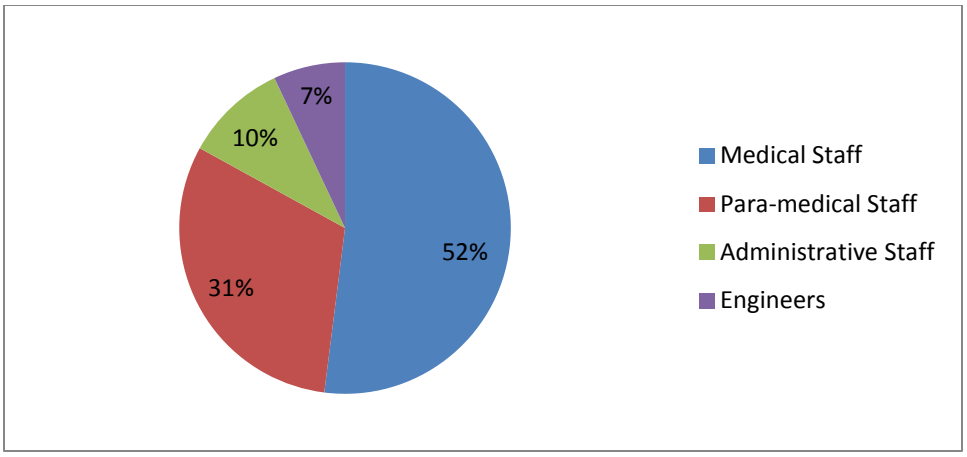
3. ***PHC clinics reached by project activities in each province:*** In Year 1, PHCPI's provincial-level mobilization enabled the project to reach a total of 141 PHC centers, spanning all 18 provinces, making it a truly national PHC program. Figure 6 below shows the number of PHC centers reached by project activities in each province. As PHCPI moves into Year 2, activities will be expanded more outside of Baghdad and into the provinces. This process will be facilitated by the PHCPI regional offices in Erbil and Maysan.

Figure 6: Number of PHC clinics reached by project activities in each province



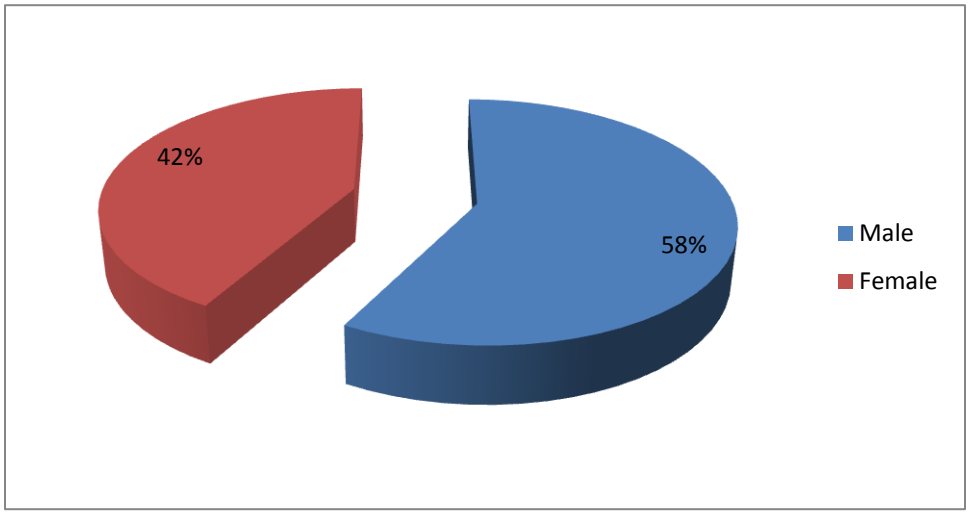
4. ***Breakdown of PHCPI activity participants by profession:*** A major focus of PHCPI is providing improved professional training to all personnel who contribute to the overall efficiency and effectiveness of the primary health care system. Figure 7 below shows the percentage breakdown of those involved in PHCPI activities during Year 1 by professional classification.

Figure 7: Breakdown of PHCPI activity participants by profession



5. ***Male to Female Participation Ratio in PHCPI Activities:*** Sensitivity to gender issues remained a focus of the project's overall technical strategy in Year 1. To ensure that all Iraqis are able to access the highest quality primary health care services, PHCPI is committed to training both male and female health professionals to play increasingly important roles in the development of their health care system and better future of the health care sector at large. Figure 8 below shows the male to female ratio of participants in project activities for Year 1.

Figure 8: Male to female participation ratio in PHCPI activities



APPENDIX A: YEAR 1 SUCCESS STORIES

USAID/PHCPI AND MOH CONDUCT RAPID BASELINE ASSESSMENT

Iraq has suffered from more than two decades of wars, sanctions, and authoritarian regimes. Particularly since the war of 2003, the Iraqi health sector has experienced immense challenges, from ensuring overall coordination of the health system, to adjusting to changes in the government, to dealing with the destruction of primary care facilities, at a time when the number of civilians in need of primary health care (PHC) services dramatically increased. This period of conflict has had an overall negative impact on the health of the Iraqi people, and women and children under five have been disproportionately affected.

As the Ministry of Health (MoH) moves forward with decentralization and health system reform, a critical need for reliable information on a number of key health issues related to the functionality of the PHC program has emerged. To assist the MoH in its efforts, the United State Agency for International Development (USAID) represented by Primary Health Care Project in Iraq (PHCPI), led by URC in a joint effort with the MoH, launched the Rapid Baseline Assessment Survey Initiative.

This survey was designed to achieve the following objectives: 1) Understand the current state of health service delivery and identify key health service issues faced by the population; 2) Identify available resources to support improvements in primary care (personnel, partnerships, political will, etc.); 3) Determine gaps in current clinical and management systems/procedures; and 4) Use the information gathered to prioritize and plan PHCPI project interventions to improve PHC services.

This survey effort was unique in its breadth and the scope of the topics assessed, and succeeded despite the challenges of implementation in an unstable setting. The PHC survey required a great deal of sacrifice and dedication from those involved; however, their efforts will inform PHCPI planning and program implementation to ensure improvement in PHC services for all Iraqis.

The assessment was carried out by the PHCPI team, in close coordination and collaboration with the MoH PHC directorate, from June-September 2011. The MoH participated in all phases of the survey, including the design and development of the assessment tools, survey implementation, and data collection and analysis. The training of survey teams was conducted in Baghdad for one week during August 2011, and a one-day refresher training session was conducted the day before the survey commenced in each governorate.


Interviews with the managers reviewing documents and medical records

Following interviewer training, the survey instruments and procedures were pilot tested in two governorates. During a two-week period in September 2011, the survey teams went out into the field – conducting interviews and focus groups by day and tirelessly entering data by night. The survey covered 9 of the 18 provinces in the country, including several remote and conflict-prone provinces which receive only infrequent support from existing international health programs. Overall, 49 people participated in the assessment – 15 supervisors, 30 interviewers (15 male and 15 female), and 4 central editors and data entry personnel.

The Baseline Assessment was a cross-sectional, nationally representative survey which interviewed 11 Department of Health Director Generals, 11 health professional associations, 7 international donors with active health programs, 11 PHC Department Directors, 11 Planning Department Directors, 10 Human Resource Training Department Center (HRTDC) Directors, 10 District Directors, staff from 74 PHC clinics, 14 District Hospitals, and 12 private health facilities, 12 community groups, and 681 PHC clients. The PHC clinics, private clinics and hospitals surveyed provide services to roughly 21,131,000 Iraqis or two-thirds of the population of Iraq.

A PHC clinic in Baghdad

The survey collected quantitative as well as qualitative data and shed light on the unique challenges facing PHC service delivery in Iraq. The survey teams did not settle for simple yes-or-no answers – they encouraged participants to produce evidence and offer examples to support their responses. By incorporating the views of directors, managers, service providers in the public and private sectors, community leaders, and clinic patients

themselves, the baseline assessment provides a comprehensive snapshot of the entire Iraqi health care spectrum, from top to bottom. This multilevel approach will allow for the development of more tailored, focused interventions.

During the survey process, the field teams noted the goodwill of health care managers and providers at multiple levels, their sincere desire to improve service delivery, and their commitment to implementing changes in order to achieve this goal. The baseline assessment identified several areas where management systems, clinical services, and community involvement can be improved. The MoH found the contributions of USAID/PHCPI to be valuable and significant in the development of the PHC program and considered the completion of this baseline assessment to be an unprecedented example of strong partnership towards achieving Millennium Development Goals (MDGs) by 2015.

Vaccination Room at a PHC clinic

The information generated by the Baseline Assessment Survey 2011 has provided up-to-date information to better understand the dynamics of the PHC system and will continue to guide policymakers, program managers, and researchers in the planning, implementation, monitoring and evaluation of the national PHC program, for the provision of quality health care at the PHC facility and district level.

As the PHCPI project moves forward, the team is working with national, provincial, and local level counterparts to translate the findings into specific interventions to address critical gaps. The results of the baseline assessment will ensure that the project interventions have greatest possible effects on the status of the Iraqi health care system and the overall health of the Iraqi people.

USAID/IRAQ AND MOH SIGN MEMORANDUM OF UNDERSTANDING

On September 20th, USAID/PHCPI and the MoH signed a Memorandum of Understanding (MOU) highlighting a shared vision and collaborative effort to accelerate MoH gains for improving health service delivery in 360 health centers all over Iraq. The MOU was signed by MoH Senior Deputy Minister, Dr. Essam Nameq, on behalf of the Health Minister and USAID Deputy Mission Director, Mr. Alex Deprez.

This event was attended by high official representatives from USAID Washington and Iraq mission as well as MoH. During this event, the MoH and USAID mutually expressed commitment to make sustainable, long-term achievements in the development of the Iraqi health sector. The PHCPI Chief of Party (COP) highlighted the project's ultimate goal of better health for Iraqis and the three components of the project that will facilitate improved PHC quality outcomes with emphases on community partnership to expand the access to health care services and ultimately reduce morbidity and mortality rates in Iraq. This platform of cooperation is a sign of confidence in the continued and heightened collaboration between the MoH and USAID that is based on shared vision and cost-sharing principles oriented towards improving lives of Iraqi people.

The MoH Deputy Minister stated that *"this MOU solidifies an effective partnership with the USAID/PHCPI, which will provide imperative technical assistance towards securing an efficient health delivery system, improved clinical skills and further integration of public participation in health services through the PHC centers."*

USAID Deputy Mission Director declared that, *"The PHCPI through its strong collaboration with MoH and other stakeholders will work to improve the quality of and ensure the availability and utilization of highly functional and accessible clinical services, which aligns with the MoH's five year strategic plan."*

This MOU further confirms the joint goal and dedication of the MoH and USAID to make sustainable, long-term achievements in the development of the Iraqi health sector. The public signing of this MOU, which was captured by various Iraqi news outlets and media, served as a communal pledge by the MoH and USAID to ensure that all Iraqis have access to quality PHC services.

Through this partnership, the PHCPI will be able to assist Iraq in moving closer to achieving the Millennium Development Goals so that all Iraqi children would grow up healthy, women would have consistent access antenatal care and deliver their babies safely, and reducing preventable diseases through rapid and careful attention at the primary care level.

USAID/PHCPI AND MOH HOST NATIONAL PHC WORKSHOP

The Ministry of Health (MoH) of Iraq and the Primary Health Care Project in Iraq (PHCPI) recently co-sponsored a three-day national workshop on strengthening primary health care in the country. PHCPI is funded by the US Agency for International Development (USAID) and managed by University Research Co., LLC (URC).

More than 400 participants attended the event, which was held January 21–23. Participants divided into nine working groups discussed major challenges to a variety of areas in primary health care, including women and children's health, health promotion, oral health, sanitation, pharmacy services, and disease surveillance.

Participants assemble at Iraq's workshop on strengthening primary health care

Mr. Alex Deprez, Deputy Mission Director for USAID Iraq, spoke about USAID's vision for mutual collaboration with the Government of Iraq in helping the country to achieve UN Millennium Development Goals 4 and 5, to reduce maternal, infant, and child mortality. "The results achieved in the workshop reaffirm the close relationship and mutual understanding between the Public Health Directorate and the USAID-sponsored Primary Health Care Project," he said. "These results demonstrate the true partnership of our governments in paving the way for improved health care outcomes for the people of Iraq."

Dr. Majeed Hamad Ameen, the Iraqi Minister of Health, hosted and presided over the workshop, where he addressed the importance of building an effective, modern, and reliable health care system. He expressed his full support of the PHCPI objectives and activities and extended his appreciation for the work undertaken by the project thus far.

HE Dr. Majeed Hamad Ameen, the Iraqi Minister of Health, during his speech at the PHC National Workshop

With support from the Ministry, the four-year PHCPI will strengthen primary health care services through a multi-pronged approach that includes: improving management systems and processes for delivering quality clinical care, building

effective community partnerships to ensure that local communities are more closely involved in health service planning and implementation, and developing the capacity of service providers to meet the primary health care needs of Iraqis.

The workshop served as a strong platform for the promotion of primary health care in Iraq, and PHCPI will continue efforts to improve primary health care services with the support of all those involved.

Representatives from the United Nations (UN), World Health Organization (WHO),UNICEF,UN Population Fund, the International Committee of the Red Cross. The Kurdistan Regional Government, and Kemadia, a state-operated drug and medical appliance company, attended the event. Participants from each level of Iraq's health sector also attended, including central MoH leaders to provincial and district health managers and managers of primary health care (PHC) clinics.

USAID/PHCPI AND MOH HOST WORKSHOP ON PATIENT'S RIGHTS

Ensuring access to routine, high quality and equitable healthcare has emerged as a critical need and the Government of Iraq (GoI) is responding with vigor and commitment by placing a renewed emphasis on improving the quality of primary health care services in Iraq.

Patients' Rights Workshop

The constitution of the GoI aims to ensure the rights of all Iraqis are protected, including the right to high quality, accessible health care. In order to better articulate the human rights protections within the health service delivery system and to ensure that all Iraqis are fully aware of these issues, the USAID-funded Primary Health Care Project in Iraq (PHCPI), in collaboration with the MoH, has developed an Iraqi Charter of Patient's Rights. This charter intends to increase Iraqi citizen engagement with the health sector and raise demand for quality PHC services. The charter seeks to improve access to health information among communities and to increase awareness of each person's responsibility in promoting healthy behaviors. By empowering patients to assert their rights for reliable healthcare, the charter seeks to ensure that patients play a stronger role in elevating the standards of care, by actively working to improve the overall healthcare system in Iraq.

To assist community advocates, health workers, and policy makers to take the first steps towards implementing the Iraqi Charter of Patient's Rights, the MoH in cooperation with USAID/PHCPI held a two-day National Workshop, under the Auspices of His Excellency the Minister of Health, Dr. Majeed Hamad Ameen, and took place at the Cultural Oil Center on March 4-5, 2012. The workshop was supervised by the Senior Deputy Minister of Health, Dr. Essam Namiq, Head of the Supreme Committee for Accreditation and Patient's Rights.

This workshop marked the culmination of several months of preparation and collaboration on the part of the MoH and USAID/PHCPI. The Charter was developed with the assistance of senior MOH officials, representatives from the Ministry of Human Rights, the Iraqi Medical Syndicate, and the Parliament Environment and Health Committee. Through a process of collaborative dialogue and engagement, civil society organizations and community members also provided information and feedback on the development of the Charter, to ensure responses that remain in pace with the beliefs and needs of the Iraqi people. Following the workshop, USAID/PHCPI has been assisting the MoH in rolling out the Charter to communities and health facilities, so that all citizens and health care providers can begin to incorporate into their everyday practice the concepts outlined in the Charter and work together towards the achievement of universal, high quality healthcare.

USAID PRIMARY HEALTH CARE PROJECT